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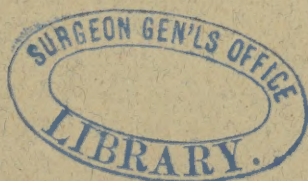
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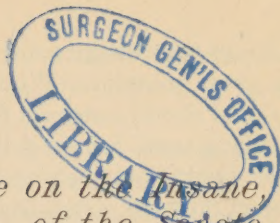
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COMMENTS
OF THE OFFICERS OF THE
✓ Vermont Asylum for the Insane,
ON THE
Report of the Special Commissioners.
1878.





*To the Joint Committee on the Insane, and
the Insane Asylum, of the Senate and
House of Representatives of the General
Assembly of Vermont, now in Session :*

Inasmuch as the Report of the Special Commissioners, appointed by His Excellency, Governor Fairbanks, "To inquire into the Statutes now in force, in relation to the confinement and treatment of the insane of our State, and see what changes were necessary, if any, in said laws; also to inquire into the treatment of our insane, and determine what, if any, legislation was necessary," contains some conclusions from which the officers of the Asylum dissent, and some criticisms which they deem unjust; they, therefore, respectfully submit the following statement relative to the points of disagreement, and request that the same be submitted by you, with your report upon that of the said Commissioners, to the General Assembly.

For the sake of brevity, the officers of the Asylum will confine their remarks solely to those points upon which they entertain different views from the Commissioners.

The Chairman of said Commission, who, in the division of the labor, assigned to himself the investigation of "The construction of the Asylum, and its fitness for the care of the insane, the air space, ventilation, food, washing and administration," p. 5, states that in three things, "space to live in, pure air to breathe and sufficient attendance, the great deficiencies of the Asylum consist, and render it unfit for holding so many as it now holds and undertakes to care for."

The overcrowding to a definite extent being conceded, that is, so far as necessity has obliged the duplicating of beds in single rooms, still the assertion is made that, "in the rooms provided, even when occupied by the number they were designed for, the space and air supply are not sufficient." P. 5).

The capacity of the Asylum according to its original design is for 400 persons, patients and attendants, allowing in associated

dormitories the average cubic space for each occupant that each single room contains. While we can see advantages in larger rooms, and would construct them larger if the buildings were to be designed anew, we are fully convinced that the health of the inmates would never be prejudiced if the capacity of the institution upon the basis originally made were not exceeded. Even with the overcrowding, which in the past has been greater than it is at present, we fail to find evidences of injury to health in consequence.

The mortality, in comparison with the other Asylums of New England, has been above three per cent. less than the average in the past twelve years. This fact is admitted by Dr. Fassett, who says: "The ratio of deaths to the average number of inmates is less than in most Asylums in the country, while many show a much larger death rate—even double that of the Vermont Asylum."

In explanation of this favorable record, he suggests that fewer "new cases—many of which are liable to be acute and fatal"—are treated, than in some asylums; and that many having "friends and homes, as the end of life approaches, are taken to their homes to die among friends."

Whatever force there may be in the first assigned cause, there is none in the latter; so rarely is a chronic case removed to die at home, that we cannot recall one at the present time.

But a stronger argument even than the light mortality, in favor of the good general hygienic condition of the inmates, not only at present but in all the years past, is found in the large number of old residents comprising the present household. By reference to the tabular statements contained in the Commissioners Report, it will be seen that twenty have been thirty or more years in the Asylum; sixty-five between twenty and thirty years, and one hundred and eighteen between ten and twenty years. We venture the opinion that this state of facts could not exist, had the sanitary condition in which they have lived been decidedly bad in any essential particular.

In noting the structural arrangements of asylums, reference is made to the openings over the doors of the rooms, and the opinion expressed that "transoms only permit the more ready diffusion of gases. They cannot be said to cause or allow ventilation," (p. 8). Also, "that in effect the air in asylum corridors

is absolutely still in cold weather, or whenever the windows are closed, unless in them the air may be moved by artificial means." (P. 9).

We are disposed to accord more practical advantages to the transoms as an aid to ventilation than does Dr. Goldsmith. In truth, the air in the corridors upon which the rooms of the patients open, is never absolutely still. There are ventilating flues from these corridors communicating with the chimneys of the buildings—thirty-eight in number, amounting to an area of about ninety square feet, which, if all concentrated in a single shaft, would require one of about nine feet by ten in its diameters—through which foul air is constantly passing out from the building, even without the aid of artificial means. In rooms, therefore, not having special flues, the transom affords the substitute; and as there is always an escape of foul air going on from the corridors through the flues mentioned, it follows that there is an exhaust force acting to draw the air from these apartments through these transoms or openings above the doors of the rooms, which is supplemented and aided by any inlet of air from the window, which is opposite the door and transom of each room. Even when the window is closed, this amounts to considerable, Dr. Goldsmith granting it "to supplement one-fourth of the ventilation required," (p. 14), but since the introduction of the fan, the movement of air throughout the building has been so greatly facilitated, its working having even exceeded our expectations, that this exhaust force upon the rooms admits of easy demonstration. Dr. Goldsmith gives the cubic contents of the sleeping apartments at 291,134 feet, which, upon the basis of 1,000 feet per person, equals the requirements for 291 individuals, and adds that "502 are made *to live* in what is the minimum space for 291." (P. 14). This is not strictly true. To arrive at the total space in which the inmates *live*, the cubic contents of the corridors themselves, in which the patients pass fully two-thirds of their time, (assuming they are always indoors), must be added to that in which they *lodge*; but by a singular oversight, as it seems to us, the day space in the buildings is nowhere taken into account. This constant use of the term *live* in, instead of *lodge* or *sleep* in, we think, tends to mislead the reader. Adding to the cubic contents of the sleeping rooms, already given (291,634), the capacity of the corridors (292,464),

we have a total space which, on the basis of 400 inmates, gives to each 1,459 cubic feet in which *to live*, and this, with our present means of ventilation, it is possible easily to change once an hour, which Dr. Goldsmith himself regards as a sufficiently rapid movement. In this computation no account is taken of the stairways, bath-rooms, nor dining-rooms, which are used some portions of each day by the inmates, to the relief of the wards; nor is the time reckoned which is spent by the patients out of doors, still further in favor of the more perfect ventilation of the corridors and sleeping rooms. It should also be mentioned that there are many lodging rooms of the class designated unventilated, in which the doors are lattice-work, thus very largely favoring the air supply. This is the case in some of the most crowded of the female halls, where there are two beds in single apartments.

On the occasion of the Commissioners' most thorough inspection, the ventilation seems to be the point most criticised. "In every room occupied by an inmate who had the door and window closed, the air was foul and fetid," "fearfully bad in rooms of filthy patients, etc.," (p. 16).

By reference to the testimony it will be seen that we are careful to select, for the use of persons who are obliged to be confined to their rooms both day and night, those specially heated and ventilated, and we are also careful to prevent, as far as possible, the voluntary use of sleeping rooms in the daytime, except with open doors. Practically, the bedrooms are all day undergoing an airing for night use, and the occupancy of rooms that have become foul and fetid is exceptional.

As regards the wards and rooms of those cases in which the calls of nature are disregarded, and there are quite a percentage in every asylum, we do not think it an evidence of defective ventilating arrangements, if disagreeable odors are perceptible; we have observed it in the most perfectly ventilated buildings we have visited. It is the frequent necessary renovation of such wards and rooms, on account of the filthy and destructive habits of such inmates, that swells the annual account for current repairs, which, to those unfamiliar with the practical care of such institutions, appears disproportionately large.

In commenting upon the quality of the atmosphere in the different apartments, the remark is made that it was found

"most pure in the double rooms containing only one inmate, commonly an attendant." The impression conveyed by this is that the attendants are specially favored in this respect. But the use of double rooms by single attendants is not the common arrangement. It is the case, in fact, only at the Marsh Building, and these rooms are also used as visiting rooms by friends of patients, therefore not exclusively for the attendant's use. In all cases the rooms for the attendants are selected by the officers, and wholly with reference to the best convenience, welfare and oversight of the inmates.

The position of the buildings in relation to the points of the compass are thus commented upon: "The long axis of the group of buildings, constituting the Asylum, trends east and west, as will be seen on an inspection of the maps. It will also be seen that there are nearly one hundred rooms that have hardly a ray of sunshine entering them. This is always inevitable wherever there are rooms on both sides of a corridor, and the building trends east and west. If asylums could be built as our military hospitals were, every room in them would be flooded with sunshine some time during the day."

As Dr. Goldsmith intimates, this is a general fault or fact, applicable to other institutions as well as the one under consideration. But there are some considerations that mitigate it, some even that favor it. The general non-occupancy of the rooms during the day renders it less necessary that all should be "flooded with sunshine," while in cases of acute maniacal excitement, it is often the case that sunlight is prejudicial. This principle has in some institutions led to the use of close shutters, making the rooms dark, for the use of patients in this state. We have one case of periodical excitement, now under treatment, in which a congested state of the conjunctival mucous membrane is an invariable accompaniment, and who for this reason would be unable to use a bright sunny room. In another, for the same reason, we have used the blue glass window, with advantage to the eyes if not to the mind.

It is not thought that the arrangement of double lines of rooms with corridor between, is a disadvantageous one to the general welfare of the inmates of institutions of this kind, as there are always cases who can occupy the rooms *from* the sun, if not

with positive advantage, at least without actual detriment. We willingly admit that too much sunlight cannot be let into the corridors and alcoves appropriated to day use. Another fact should be remembered in connection with the use of the rooms upon the side opposite to the sunny exposure, such rooms are subject to frequent changes of occupants. Many patients are subject to paroxysmal excitements and require for a few days or weeks the use of the rooms thus situated, but few have constant occupants. During the hot season these rooms become the preferable ones by reason of their greater comfort, being more exposed to the breezes and less to the solar heat.

We are inclined to the view that the location of asylums throughout the country, in respect to the points of compass, has been determined by local advantages connected with the geography of the site. We are not aware that a special preference in respect to frontage has been found an essential desideratum. Certainly some of the best asylums have the same general trend of buildings as the Vermont Asylum. The McLean, and the new Worcester, in Massachusetts, the Butler Hospital at Providence, R. I., the Bloomingdale and Utica Asylums, New York, and the Morristown and Trenton, New Jersey, are of like trend.

Between the temperature of rooms specially heated and those not thus supplied, there is a difference of about 20 degrees as a rule; while the former are kept at 70°, the latter would stand at 50°. This latter temperature Dr. Goldsmith pronounces "not warm enough." (P. 19).

For a feeble person, 50° might not be sufficient, but for a healthy one it seems to us better than any higher degree. We should regard 70° as enervating to a person in ordinary health. We believe three-quarters of our household better off to sleep in a temperature of 50° than in any higher, and it must be borne in mind that these statements of temperature apply to the sleeping apartments, not to the corridors.

"On the paper which bears the outline of the buildings, sewerage, &c., will be seen a sketch of one ward of the Asylum at Concord, N. H." (P. 20). The reader is left to the inference that this sketch is typical of the whole of the wards of that excellent institution, but such is not strictly the fact.

The building from which this plan is made was erected and

opened in 1875. It is their latest improvement, and contains rooms for twenty-seven patients. In 1868 the extension, called the Kent Building, designed for thirty-three female patients of the excited class, was erected. These embrace every modern convenience, and the advantage of ample space. The previously built portion, which still constitutes the main portion, was built substantially upon the same scale as the Vermont Asylum as to capacity and size of rooms; both were essentially modelled after the same plan.

As elsewhere stated, the Vermont Asylum has a total space, in the opinion of Dr. Goldsmith, for only 291 inmates. He, however, states that "it may be so altered, in his judgment, as to have space and ventilation ample for 325 or perhaps 350." At present, however, in his opinion, "it has ventilation enough for only 149." (P. 20).

In the testimony taken last June, we stated that the system of ventilation, as designed by us, then lacked the motive power to make it complete and effective. This has been supplied and put in use since the final visit of the Commissioners. We are convinced that the practical working of this fan will be to supply the needed changes of atmosphere for the fullest requirements of the number for which there is space.

Dr. Fassett, to whom was assigned the investigation of "That which relates to the medical or other treatment of the insane," discusses at the outset the questions of seclusion and restraint, and quotes from Dr. Folsom, the able secretary of the Massachusetts Board of Health, "The Criminal Lunatic Asylum, at Broadmoor, England, which held, in 1875, a daily average number of 503 inmates, of whom 204 had been sent there for murder and 110 for attempt at murder, maim, etc., and yet no form of mechanical restraint was used in any part of the asylum during the year." And "with all this, there were no instances of the commission of premeditated acts of violence, no attempt to escape was even partially successful, and there was no accident which could have been prevented by the use of mechanical restraint."

In referring to the Reports of the English Commissioners in Lunacy, we find the explanation of this remarkable disuse of mechanical restraint. In Report of 1874, page 299, note the following: "Mechanical restraint has not been employed, but

during the last 13 months 67 men and 12 women have been secluded, on account of violence, dangerous propensities, or for safe custody, the former altogether upon 2,768 occasions, the latter upon 63 occasions." This was upwards of 15 per cent. of the average resident number (508). "Besides the above, 54 men and 22 women have been secluded from time to time, owing to maniacal excitement, to epilepsy, or with a view to medical treatment, &c." This made 15 per cent. additional, or upwards of 30 per cent. that were subjected to more or less seclusion.

In explanation of this large percentage of seclusion, the Commissioners say it is explained by the Medical Superintendent "to be due to the necessity which arose in the early months of the year for taking extra precautions for the safety of patients and attendants, owing to the violence and misconduct of a few of the most troublesome patients of the convict class; but chiefly in the latter months of the year, in consequence of the escape of two patients, necessitating stricter measures generally, in order to insure safe custody."

In England seclusion is preferred to mechanical restraint. In this country it is the opinion that the interests of the insane are best served by the avoidance of seclusion, even if restraint must be a condition of its avoidance. There are now some indications of a common practice being ultimately reached. Even the English Commissioners, in their report of 1872, p. 266, thus speak: "It is our opinion, many times strongly expressed in these reports, that all the bad qualities of such inmates are exaggerated by excessive seclusion." In the light of the present, therefore, we believe we are best serving the cause in discarding neither, but in reducing both to the minimum as far as practicable.

Under the head of "Employment," Dr. Fassett considers all outdoor privileges, and comments unfavorably upon the airing courts for the disturbed and demented classes, which he considers too small. This, he says, "seems to us the most inexcusable of any of the faults of the institution." (p. 51). We do not think the purpose of these airing courts was fully taken into account by the commissioners.

They are designed for the use of but a limited number at most. The larger proportion of the inmates enjoy the use of the unenclosed grounds in front of the buildings, and are taken out in groups for exercise and diversion regularly each half day by their

attendants, and when the winter closes in, the new gymnasium, with sleigh riding, etc., will afford the like opportunities for healthful recreation. The airing courts are immediately connected with the buildings or wings occupied by the excited or demented classes, and are provided exclusively for these classes, in recognition of the necessity of open air for all, yet recognizing, also, that such are to be protected from public observation and remark, while laboring under demonstrative insanity, or having reached a helpless state of fatuity.

No feature of an asylum is, in our view, more beneficent in its practical working than this. The size of these courts has been determined by the surroundings. They could not be materially larger without exposing to public view their occupants. This is the point which, it did not seem to us, the Commissioners fully comprehended.

In considering the sanitary condition of the Asylum, Dr. Fassett states, "they have estimated the lack of ventilation, not only by their own senses, but by the effect upon the health of the inmates," and that "the effect upon the health was painfully evident in the pale, mottled faces, the cold, clammy hands, the feeble circulation, the lack of vitality." (P. 53).

With such a state of health, we would naturally expect that the death record would show a large mortality from tuberculosis and acute affections, which would be quickly fatal under such conditions. But the record for the past two years shows but five cases from acute diseases all told, and but three from consumption out of a total of sixty-four, and this latter is a malady that would be specially fostered, as is well known, by living in impure air. We have taken pains to ascertain the death rate in all the State Asylums of New England for the 12 years last past, and find the mean average to be 10.38 per cent. on the average population of each institution each year.

The mean average of the Vermont Asylum for the same period upon its average population, has been but 6.95 per cent. We have also ascertained the percentage of recoveries in the same institutions for the same period of time upon those admitted, which we find to be 31 1-2 per cent., and in this respect the Vermont Asylum does not fall below the others; there is scarcely a fractional difference.

With this state of facts, the remarks made by Dr. Fassett rela-

tive to the sanitary condition of the inmates, in the last quotation, seem contradictory. "The pale, mottled faces, the cold, clammy hands, the feeble circulation, the lack of vitality," are, however, attributable, we believe, to another cause, and that incident to the malady under which all the inmates labor. That cause is exhausted innervation. Such patients are not in a condition of impoverishment of blood, but there is a want of tone by reason of deficient nerve force. In such cases there is always a weak capillary circulation which gives rise to the apparent paleness and lack of vitality. Yet such cases do not die; they often live on for years in just the condition described, and at last drop off from sheer nervous exhaustion, without any acute disease whatever, simply because the nerve force runs at last to so low an ebb that the vital processes can no longer be sustained. In contrast to these cases, Dr. Fassett comments upon the "ruddy faces and more animated manner of the classes regularly employed," drawing the inference that this better grade of cases illustrate simply the difference between indoor and outdoor advantages. But here again we think he is largely in error. Those whom it is practicable to employ out of doors in a regular way, are those who are yet a long way from that condition of advanced dementia which is coincident with the degree of enervation, which is characteristic of the class he so graphically describes. The latter, by outdoor exposure, might indeed lose some of the paleness incident to indoor life,—become browned by the sun,—but no amount of sunlight and forced labor, for it could not be other in cases of advanced dementia, would infuse into them the ruddy glow of health and the animated manner that belongs to the earlier stages of mental disorder.

In reference to the medical treatment of the patients, we think an erroneous impression was given in the statement that "each (medical assistant) testified that he has charge of one side of this large hospital, with the aid of Dr. Draper, when needing advice." (P. 45).

The duties of the Superintendent are much more individual than would be inferred from the above quotation. Under the By-Laws the duties of the Superintendent are clearly defined in this respect, as follows:

ART. VIII. SEC. 2. "In the discharge of his duties, his first care shall be for the welfare of the patients committed to the

charge of the institution, and this care must be so far personal that he shall be at all times conversant with the actual condition of each individual case; and he must be responsible for the classification of the inmates and the general course of treatment pursued."

In the testimony of the Superintendent before the Commissioners appended to the Report, occurs this question, by Dr. Fassett, and answer:

Ques.—Do you personally superintend the treatment of every individual in the Asylum, or do you only see them as you are called in consultation?

Ans.—"For the general direction of everything I am responsible, but the carrying of it out in detail is intrusted to my assistants. My custom is to visit one department of the institution each day with the assistant of that department. The assistants are required to make two regular visitations each day, but each one of us is subject to the nurses' call at any time."

The professional duty of the Superintendent, it will be seen by the above showing, is really something more than that of counselling physician in cases of special difficulty; it embraces primarily the determination of the general course of treatment of the patients individually; and the professional responsibility of the assistant physicians will be best understood by reference to the By-Laws, Art. IX, Sec. 4, which reads as follows:

"They will daily, and as much oftener as may be necessary, report to the Superintendent upon the cases under treatment, relative to the progress made, and concerning any occurrence of an unusual or unexpected character, and consult with him in reference to any changes in classification or treatment that may be indicated."

Of the value of professional experience no one can be more sensible than ourselves, and in this respect it does not seem to us that we are open to much criticism. The senior medical assistant has had full six years' experience in the specialty and entered it after one year's service in the Hartford City General Hospital. The second has now had about one year's experience in his present position. We know of no school but this practical one, where the experience desired can be obtained, and neither certainly at present can be regarded as inexperienced.

We gladly bear witness to the careful and thorough investiga-

tions of the Commissioners, both in reference to the fitness of the Asylum for its purposes, and in reference to the actual treatment of the inmates; yet, with all due respect, cannot but believe that a personal, practical experience of their own in the care of the insane, would have modified more or less their conclusions and recommendations.

In the Report of Mr. Walker upon the legal relations of the Asylum to the State, he remarks that "the Trustees have always sought the patronage of the State and been *willing*, so far as the Commissioners have been able to learn, to receive the State beneficiaries at the prices fixed by the Legislature." (P. 59).

How far this statement holds, does not require very extended research to show. This is the third time that the Legislature has respectfully been asked to raise the price of caring for the insane, to a figure that would cover the actual cost, and that the Trustees have publicly and emphatically expressed their *unwillingness* to care for these classes at the expense of others, as the refusal of the request has obliged them partially to do.

In respect to the admission to, and discharge of, patients from the Asylum, the Commissioners are of the opinion that the laws are defective, and "recommend the enactment of such laws as will tend more effectually to prevent the wrongful detention of persons, claimed to be insane, in any asylum in the State." (P. 61).

The manner in which the insane poor may be wrongfully detained is dwelt upon, and the statement made that "the Commissioners fear there may be one or more such cases now confined at Brattleboro who ought to be discharged." (P. 62).

In replying to this, we deem it sufficient to say that, in our judgment, no person of sufficiently sane mind to be safely at large and capable of caring for himself or herself is there detained.

It is stated that "the Commissioners have learned that formerly it was the custom of the Superintendent to allow patients to execute deeds of real estate; but that they have not learned whether this practice is still continued or not." (P. 65).

The present Superintendent has no recollection of any occasion for such a transaction during the time he has been in charge, and is not cognizant of any such at any former period.

On the question of the supervision of the correspondence of

the patients, the views of the Superintendent are given in the printed testimony, and need not be here repeated. We would only say that in this matter we have pursued the universal course, which the past experience of those qualified to judge, has shown to be for the best interest of the inmates, who, from the nature of the malady they labor under, are irresponsible and require guardianship and oversight to shield them from the indiscretions incident to their insanity. As a matter of fact, much of the correspondence of the patients passes unread and even unopened, the supervision being only that of a general knowledge of the channels in which it drifts.

Though the statement is made in a general way that "some insane asylums" adopt the unrestricted course, of exercising no oversight of the patients in this respect, it is not supported by citing any institution in which this practice prevails, and we know of none. In addition to the reasons given in the testimony of the Superintendent referred to, (p. 46), there is one which is not there noted, but which seems to us worthy of mention, as showing it to be an advantage for the physician having charge of the patient, to have also the supervision of his correspondence. It is that the letters or writings of the patient are the best key to his mental state. In conversation the patient may be reticent or suspicious of all inquiries made of him, or he may dissemble and endeavor to appear better than he is, in the hope of an early release from confinement; but in the absence of an interrogator and uninfluenced by the presence of any one to check or turn the current of his thought, by writing he expresses more the genuineness of his ideas and the delusions that possess him. It is in this way that the first evidences of convalescence and coherence may often be detected, and the understanding of individual cases be materially aided.

The large proportion of the patients of this State, who are supported or aided by the State, and the small number who are supported by private means, is commented upon by Mr. Walker, who remarks, this fact "suggests wrong somewhere."

In explanation of this, his first inquiry is: "Do the citizens of the State who are able to pay for the support of their insane, send them out of the State, and avoid the Vermont Asylum because other States have superior hospitals, where the patients are better cared for and treated?"

On this point we have the testimony of Dr. Fassett in reply. We were assured by him on the occasion of his last visit at Brattleboro, that in his visits to other asylums he had made investigation upon this point, but failed to find this to be the case to any extent. In the Concord Institution, the nearest and most available to Vermont, he found but one. The question is therefore unanswered by this inquiry. Again he essays a possible solution of the distasteful fact: "Can it be possible that the State is being defrauded by individuals and officers of the Asylum combining to have private patients classed as State beneficiaries?" On the page immediately preceding this inquiry, Mr. Walker observes, "Men and corporations are unfortunately greatly influenced and moved by money considerations. Such influences are potent; they permeate almost every measure. Benevolent and philanthropic measures and institutions do not always escape them." That the key note were here struck, might indeed be imagined, if by this arrangement the Asylum would receive a higher rate per week; but the facts are, that while no private patient is received for less than \$3.50 per week, besides clothing, beneficiaries are received at \$3.00, and the Asylum has the privilege of clothing them at its own expense! This second query, therefore, fails to give a satisfactory answer, and Mr. Walker propounds no further. The facts, whatever their significance may be, are as follows:

The whole number of patients belonging to Vermont in the Asylum August 1st, 1878, at date of last Report, was 326, instead of 364 as stated by Mr. Walker, no doubt by error. Of this number 31 were supported wholly by private means, but 21 of these paid but \$3.50 per week besides clothing; 127 were wholly supported by the State at \$3.00 per week inclusive of clothing; 168 were beneficiaries, *i. e.*, received 75 cents per week from State in aid of their support. Of these 142 were supported by towns, and 26 only were aided by the State, on the certificates of the Selectmen of the towns where they reside, that they were proper subjects to receive such aid, under the provisions of the Statutes for the Relief of the Insane poor. The friends instead of towns, make up the balance of support in the latter cases.

It is in respect to this latter class that Mr. Walker "Apprehends there may have been some who have received the State

aid of 75 cents per week improperly." This is a matter for which the Selectmen of the towns where such patients reside are wholly responsible, and if any are thus improperly aided, it is doubtless due to a misapprehension of the strict meaning of the Statutes, by which indigent, though not absolutely destitute and dependent persons, are made beneficiaries. This is not a matter in which the officers of the Asylum can be in any manner an interested party.

The recommendations of Mr. Walker claim careful consideration. It matters not to the Asylum whether the supervision of the insane be committed to a board, or assigned to a commissioner as under the existing law. The proposition, however, to delegate to a supervisory board the arbitrary power of discharging patients, that have been placed by their friends or the public authorities in the care of the officers of the Asylum, in compliance with every legal requirement, will in our opinion be liable to lead to conflicts of authority, culminating in acts in which the rights of committing parties, and the professional judgment of the medical officers will be set aside. The value of special experience in dealing with and judging of the insane, the Commissioners who make this report particularly dwell upon as essential; and the question naturally presents itself, will the qualifications of such a board as it is proposed to create be likely to be adequate to the responsibility it is proposed to shoulder upon it?

Inhibitory legislation must be very guarded not to defeat by reaction the real interests of the class of persons whose welfare is at stake, and the officers of the Asylum recognize in the propositions urged a tendency to antagonistic, rather than co-ordinate working, in a cause having but the single ultimate object for all engaged, namely, the welfare of the insane.

Concerning the correspondence of the inmates, the officers of the Asylum desire that every needed privilege should be secured to them, but are convinced that the recommendations of Mr. Walker go a step farther than is practicable, necessary or wise. After specifying the privileges in this respect in detail which should be inviolable, (p. 66), all the rest of the correspondence, Mr. Walker suggests, "*Should be sent unread by the officers of the Asylum to the guardian or some one of the next of kin, or*

other *suitable person, to be disposed of as he deems best for all concerned.*"

First, this is not practicable, for the reason that but few patients comparatively are under guardianship, and many have no near kin. In the absence of guardians or near kin, Mr. Walker does not indicate who would be a "suitable person." But evidently he does not consider the *value* of this surplus correspondence much, as he is willing to leave it to any body *but the officers of the Asylum*, (to whom it might possibly be a benefit, as affording a clue to some of the obscurities of the patients' mental disorder,) "to be disposed of as seemed best for all concerned!"

We regret to feel obliged to criticise with apparent severity these recommendations, but the tendency of them seems to be to create antagonisms of authority, and to place those in charge of Asylums in a false attitude toward the inmates. There is at least an implied reflection upon their honesty.

We respectfully submit that in all this matter *somebody must be trusted.*

The penalties suggested for the imaginary infractions of the proposed laws are severe, and we think without precedent: and so long as but one Asylum exists in the State, its officers cannot but understand that in all this proposed stringent legislation, they alone are meant.

In all the recommendations made we note no suggestion that the insane of the State, not in the Asylum, should be looked after! although this was a point pressed by Commissioner Calderwood in his report for the two years past, who states that "there are scattered throughout the State not less than 180. of whom 60 are cared for by towns, either boarded out in families, or kept in poor houses," which latter places Dr. Fassett states, "none claim to furnish any proper treatment."

The supervision proposed therefore embraces but a moiety of the insane of the State in its provisions, and that portion, too, the one already under a chartered, permanent official oversight. It seems rather the Asylum and its officers, than the insane, for whom legislation is proposed! To those in other States where a broad and comprehensive system of supervising public charities exists, embracing not alone the Asylums and the insane, but the prisons and the reformatories, and their inmates, all classes of depend-

ents; such partial and special legislation cannot but be regarded as narrow, rather than wise, liberal and broadly philanthropic.

To the concluding recommendations of the Commissioners, the officers of the Asylum have little to say. The meaning of the clause immediately preceding the recommendation for a new Asylum, viz.: "Considering the condition in which we found the pauper insane in the Asylum at Brattleboro," is somewhat vague, but seems rather to reflect upon those having them in charge. If this be so, we would respectfully ask, does the cause for blame lie with the officers of the Asylum, or with the State?

Mr. Walker reluctantly concedes. (p. 67), that the present rate leaves the Asylum in debt, even after throwing out of account all expenditures of a permanent character, and the item of interest on the debt incurred for improving the accommodations for the insane, in the five years past.

Dr. Fassett affirms that "There is no similar institution in New England where the cost is not more than that allowed the Vermont Asylum," and further says, the policy of the State in reference to the care of the insane reminds him of an old history, "For there shall no straw be given you, yet shall you deliver the tale of bricks." (Pp. 44, 45).

Dr. Goldsmith virtually admits the necessity for more liberal support, by recommending \$3.50 per week for the inmates of the embryo Asylum. (P. 70).

The Vermont Asylum asks it, that it may receive the actual cost of caring for those at present in its keeping.

J. DRAPER,

Secretary of Board of Trustees and Superintendent.
Vermont Asylum for the Insane, Brattleboro, Nov. 11, 1878.

